



# STATE OF RHODE ISLAND

## Bd. of Examiners of Landscape Architects

1 Capitol Hill, 3rd. Floor  
Providence, RI 02908  
(401) 222-2565 Fax: (401) 222-5744  
[www.bdp.state.ri.us](http://www.bdp.state.ri.us)

### APPLICATION FOR REGISTRATION BY EXAMINATION OR RECIPROCITY (For the practice of Landscape Architecture in Rhode Island) R.I. GEN. LAWS §5-51-1 et. seq.

**INSTRUCTIONS:** All applicants for licensing, regardless of classification, must fill out this form completely. Type or print plainly. Use additional sheets if necessary. **Exam fee to be determined. Reciprocity fee: \$150. Make checks payable to: "General Treasurer State of Rhode Island".**

APPLICANT'S NAME (First, Middle, Last)		<input type="checkbox"/> EXAMINATION (Fee to be determined)
(Please check preferred mailing address) <input type="checkbox"/> LEGAL RESIDENCE ADDRESS		<input type="checkbox"/> RECIPROCITY (Fee: \$150.00)
<input type="checkbox"/> BUSINESS ADDRESS		DAYTIME PHONE/FAX
SOCIAL SECURITY NUMBER	DATE OF BIRTH	HOME PHONE

#### EDUCATION

SCHOOL (type in highest grade completed)	YEARS OF COLLEGE COMPLETED											
	1	2	3	4	5	6	7	8	9	10	11	12
HIGH SCHOOL												
COLLEGE/UNIV.	(College or University must submit transcript in a sealed envelope directly to the applicant.)											
TECHNICAL OR PROFESSIONAL												

#### EXPERIENCE

Give full information concerning periods of employment contributing to your experience in the practice of landscape architecture. Start with present position and work back, explaining exact duties and other details required. Mention any major jobs, publications to which you have contributed, etc., that you consider significant. Under the "Hrs. Wkd. Per Week" column, enter only these portions spent in professional landscape architecture.

DATES		POSITION	EMPLOYER	ADDRESS	HRS. WKD. PER WEEK
FROM	TO				

#### RECIPROCITY CANDIDATES ONLY

List the State and license number of initial registration and subsequent registrations.

Which State are you applying from?

REFERENCES

Two (2) references must be landscape architects who have been registered a minimum of four (4) years and one (1) character reference. Please note that all reference forms must be returned to the applicant in a sealed envelope. Only complete applications with sealed documentation will be reviewed by the Board.

NAME	ADDRESS	PROFESSIONAL RELATIONSHIP	HAVE KNOWN (YRS.)

AFFIDAVIT

APPLICANT'S SIGNATURE		DATE
	DATE	SIGNATURE AND SEAL OF NOTARY PUBLIC
Subscribed and sworn to before me:		

ADDITIONAL INFORMATION REQUIRED:

The supervising landscape architect(s) attesting to the length of experience that has been accumulated must send the experience form(s) directly to the applicant in a sealed envelope.

Do not write in the spaces below

OFFICE RECORD	BOARD ACTION



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### **INSTRUCTION SHEET FOR REGISTRATION BY RECIPROCITY**

The Rhode Island law permits the Board to waive requirements for examination of a competent landscape architect holding a license in another state provided that "that State grants equal rights and has at least equal standards."

Each application for reciprocity will be assessed on its own merit. Before being considered by the Board, applicants must provide the following:

1. A completed and notarized application. **All required forms must be in sealed envelopes and attached to the application.** CLARB Certificate Records will be mailed directly to the Board.
2. A non-refundable application fee of \$150.00. Checks must be made payable to:  
**General Treasurer, State of Rhode Island.**
3. **Two (2) references from landscape architects who have been registered a minimum of four (4) years and one (1) character reference. Reference forms must be sent directly to the applicant in a sealed envelope.**
4. **Verification Form** from the applicant's reciprocal **State Board** verifying:
  - a) That his/her registration is current and in good standing.
  - b) The Board's policy to grant a Rhode Island landscape architect with comparable qualifications a license by reciprocity in that State.
  - c) **This form must be sent directly to the applicant in a sealed envelope.**
5. Submission of **official school transcripts** is optional but the Board reserves the right to request them.
6. CLARB certificate record holders must complete the application and submit the application fee. **CLARB records should be sent directly to the Board. It is the responsibility of the applicant to request that his/her record be mailed to the Rhode Island Board. (Reference forms are not required with CLARB certificate record.)**
7. An applicant may be required to take the RI examination section given with the LARE at the discretion of the Board.
8. RI requires out of state applicants to demonstrate to the Board that they are competent in dealing with southern New England plant materials and environmental conditions. The Board's evaluation will be based on location of your landscape architectural education and/or substantial experience.



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### RECIPROCITY VERIFICATION FORM

#### STATE BOARD NAME & ADDRESS

#### APPLICANT'S NAME & ADDRESS

Please return this form directly to the applicant in a sealed envelope.

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has this applicant been subject to any disciplinary action or pending legal action that could affect his/her professional status in your State? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please explain. \_\_\_\_\_

#### METHOD OF LICENSURE

\_\_\_\_ CLARB Certification  
\_\_\_\_ Grandfather/mother Clause  
\_\_\_\_ Reciprocity from the State of \_\_\_\_\_  
\_\_\_\_ Other (Explain) \_\_\_\_\_

\_\_\_\_ LARE or UNE with passing scores set by CLARB and given without modification to the procedures set by CLARB for the administration and evaluation.

#### LARE/UNE RECORD

SECTION	SUBJECT TITLE	DATE PASSED
	STATE EXAM	

Additional Comments \_\_\_\_\_

Provided your State gives similar recognition and endorsement to Rhode Island licensed landscape architects, the applicant with current registration in your State is eligible for registration in Rhode Island via reciprocity.

(State Board) \_\_\_\_\_ (would) (would not) register by reciprocity a Rhode Island licensed landscape architect with qualifications comparable to those of the applicant.

Please return this form directly to the applicant in a sealed envelope.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

BOARD SEAL



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### REFERENCE FORM

You have been requested to serve as a reference for an applicant for registration as a landscape architect in Rhode Island under the provisions of Chapter 51 of the General Statutes (1975, Title 5). Pertinent information concerning the applicant will be helpful to the Board of Examiners of Landscape Architects.

As a reference, you are familiar with or have knowledge of the applicant's ability, character, and reputation. The Board would appreciate information, which bears upon the extent of the responsibility borne by the applicant in his/her profession as well as your opinion of his/her professional competence and character. Your statement will be treated as confidential.

**Please send this form directly to the applicant in a sealed envelope.**

1. Name of applicant: \_\_\_\_\_  
Address of applicant: \_\_\_\_\_  
City State Zip
2. Professional, business, or social relationship to applicant: \_\_\_\_\_  
If employer, dates of employment: From: \_\_\_\_\_  
To: \_\_\_\_\_  
Month/ Day Year  
Month/ Day Year
3. Number of years you have known applicant: \_\_\_\_\_
4. Please evaluate the applicant in the categories of which you have personal knowledge:
  - a. Technical knowledge: \_\_\_\_\_
  - b. Professional experience: \_\_\_\_\_
  - c. Character with respect to honesty, integrity, and general conduct: \_\_\_\_\_
5. Do you consider the applicant qualified to become a professional practitioner? \_\_\_\_\_
6. Other comments: \_\_\_\_\_

I hereby certify that the information given above is correct to the best of my knowledge and belief and that the opinions expressed above represent my best judgment.

Print Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signature \_\_\_\_\_

State of Registration \_\_\_\_\_ License Number \_\_\_\_\_

Profession \_\_\_\_\_

**Professional Stamp**

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5. Do you consider the applicant qualified to become a professional practitioner? \_\_\_\_\_
6. Other comments: \_\_\_\_\_

I hereby certify that the information given above is correct to the best of my knowledge and belief and that the opinions expressed above represent my best judgment.

Print Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signature \_\_\_\_\_

State of Registration \_\_\_\_\_ License Number \_\_\_\_\_

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Address of applicant: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
2. Professional, business, or social relationship to applicant: \_\_\_\_\_  
If employer, dates of employment: From: \_\_\_\_\_  
To: \_\_\_\_\_  
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4. Please evaluate the applicant in the categories of which you have personal knowledge:
  - a. Technical knowledge: \_\_\_\_\_  
\_\_\_\_\_
  - b. Professional experience: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  - c. Character with respect to honesty, integrity, and general conduct: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Do you consider the applicant qualified to become a professional practitioner? \_\_\_\_\_
6. Other comments: \_\_\_\_\_  
\_\_\_\_\_

I hereby certify that the information given above is correct to the best of my knowledge and belief and that the opinions expressed above represent my best judgment.

Print Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signature \_\_\_\_\_

State of Registration \_\_\_\_\_ License Number \_\_\_\_\_

Profession \_\_\_\_\_

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